Lone Star Riverboat Cruises

Lone Star Pump-outs: January 2018-October 2020

2020	2019	2018
February 7	March 22	March 7
February 25	May 2	June 1
June 12	June 7	July 13
September 8	June 8	September 25
October 19	July 5	December 28
	August 7	
	September 18	
	October 21	
	December 11	

Notes:

Lone Star has two 200-gallon capacity holding tanks. Each date listed above represents one 200-gallon pump-out.

As part of contract compliance, Lone Star Riverboat provides PARD with monthly reports, including invoices from hauler, Sellman Enterprises, Inc. Septic Services, and City of Austin Water Utility manifests for hauled liquid waste. All manifests going back to 2015 are on file.



Waste Tracking Form

No. 24191

Generator Information								
Generator Name: LONE STAN MUEN BOAT Address: 161 5 15T 57 County: TAMULS Telephone: 512 327 1388								
Address: 161 5 137 57 County: Tauquis Telephone: 512 327 1388								
This waste was removed from my: Grease Trap Grit Trap Grease Trap Chemical Toilet Septic Tank Other (Specify)								
OR This waste is: Sewer Sludge My waste tank or trap holds up togallons.								
☐ Water Treatment Sludge The transporter removed a total ofgallons. Date of last pumping:								
As the generator's representative, I certify that this waste contains no hazardous materials, was removed from this								
address on 3/7/18 at 12:00 a.m. p.m., and is to be transported to a facility that the								
Texas Commission on Environmental Quality has authorized to receive these wastes. Generator Name (printed) Generator's Signature								
Generator Name (printed) Generator's Signature								
Transporter Information								
Business Name: SECCMAN TCEQ Registration Number: 215°5 Address BUNA TV 78600 Vehicle Capacity: 3000 gallons								
Address R3 3 X (377) GBRA Permit Number: 17 Vehicle Capacity: gallons								
BUNA TH 78600 Vehicle Capacity: 3000 gallons								
Telephone: 512312-0007 Vehicle Capacity: 3000 gallons Truck License Number: 11861								
Grease Trap Conditions								
Inches of grease: Inches of solids: Method of measurement used:								
Condition of trap: AS A COURTESY TO THE CUSTOMER, PLEASE CHECK THE TRAP								
FOR NEEDED REPAIRS AND NOTIFY THE OWNER IF REPAIRS ARE NEEDED.								
The liquid waste hauler shall completely evacuate all traps and interceptors during servicing. It shall be unlawful to allow in the servicing of the trap, the discharge of liquid, semi-solids, or solids to be discharged back into a grease or grit trap after servicing.								
On/, I transported gallons of the waste described under Generator Information above to waste receiver: <u>Guadalupe-Blanco River Authority - FM 20 plant.</u> TCEQ Permit or Registration No. <u>WQ0010210002</u>								
I certify that the information provided above is correct and that only the waste certified for removal by the generator is contained in this waste transport vehicle. I am aware that falsification of this trip ticket may result in revocation of my waste transportation permit, criminal prosecution, and/or civil penalties.								
Driver Name (printed) Driver Signature								
Receiver Information								
Business Name: Guadalupe-Blanco River Authority - FM 20 Plant Address: 4435 FM 20 East (Creekview), Lockhart, Texas 78644 TCEQ Permit or Registration No. WQ0010210002 Telephone: (512) 398-6391								
As the representative of this business, I certify that each of the following statements is true:								
The Texas Commission on Environmental Quality has authorized this business to accept the waste specified under "Generator Information" above.								
The transporter named above delivered gallons of this waste to this business on/,								
at: a.m.								
This waste has been recycled or disposed as required by the TCEQ authorization for this business.								
Site Operator Name (printed) Site Operator Signature								

	Name	e: _	62	61	74.	1	A	101	20	1 //	200	47						Ad	idre	ss:	101	51	57	57	-				1
	City:			57/										6	74.	-11	۵.	Zi	р Сс	ode	: 70	704	7		Phon	e: 5/2	327	7.30	18
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Info	□ v	Vaste	wate	r Trea	tmen	t Pla	nt SI	udge	è				Foo	d S	ervi	ce (3rea	ise	Inter	rcep	otor (or	Trap)_		Cap	acity = _				_(gal.)
20.0		Chemi	ical T	oilet									Sep	tic -	Tanl	k/ S	Sewa	age	Hol	din	g Tank	-1 (e		Cap	acity = _				_(gal.)
ratc		Vaste	wate	r from	Sani	tary \$	Sew	er Sy	yste	m			Grit	/ M	ud /	Oil	/ Lir	nt In	iterc	ept	tor (or 1	rap)		Cap	acity =	F			_(gal.)
Generator		Other	- Spe	ecify S	ource	e and	Тур	e of	Wa	ste:		-																	
9		ns Re	emov	ed: Z														Da	ate F	Ren	noved:	51	18						
	As the representative for the generator of this waste, I certify that the inform facility authorized by the Texas Commission on Environmental Quality (TCI															; and th	nat this	waste is	to be tra	nsporte	d to a								
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1000	TCEC	Q Reg	jistrat	tion No	o.: 2	215	-6	5						£				Ve	ehicl	le L	icense	No.:	L BK	76					
Transporter	COA				7						C	allo	ns T	rans	spor	ted:	Z	-	_				1		quished	:			
Trai																						rue and Austin			that this	waste	was colle	cted in	
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SIGNATURE:	TERMS:					COMMENTS	STE	TANK DAMAGE	UTLE	INLET TEE	SERVICE CALL	OTHER	ERO	TANK SIZE	SYSTEM TYPE	EXT GALLONS	DIGGING TIME	EXT PUMPING	PUMP SEPTIC		SOLD B	TIME IN:	9	0	Æ.	SRI SRI	P.O.		- 111
RE:	: Due					ENT	M FA	DAM	31.15	TEE	CE C	20	BICE	SIZE	M T	ALL	NG T	UMP	SEP		-4		100	0	0.7	H 512	BOX	Sep	(A \
hereby						14	SYSTEM FAILURE	AGE	OUTLET TEE OK	INLET TEE OK	ALL		AEROBIC BRAND		/PE	SNC	ME	NG	TIC T		1		6	×	w,	-837	O. BOX 137	eptic	m ≥
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acknowledge and accept satisfactory work as described above.															LPD[]						CHARGE				0			S	IC SERVICES, INC.
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	Mail	intest / Trip Ticket for Hau	neu Liquiu waste	Number: 101041
	Name: LONE STAR NIVER	BOHT	Address: 101 5 155 5T	
	City: AUSTIN		Zip Code: 78 769	Phone: 65/2 327/388
	Indicate the waste type (must check one) and, if	A STATE OF THE PARTY OF THE PAR		
Infe	☐ Wastewater Treatment Plant Sludge		se Interceptor (or Trap)Capac	
ator	Chemical Toilet		nge Holding TankCapac nt Interceptor (or Trap)Capac	
Generator Info	☐ Wastewater from Sanitary Sewer System ☐ Other - Specify Source and Type of Waste:	GRE/ Mud / Oil / Eir	capac	city =(gal.)
9	Gallons Removed: 2		Date Removed: 7 /3 18	
4	As the representative for the generator of this waste facility authorized by the Texas Commission on Environmental			at this waste is to be transported to a
	Printed Name: DJ CORNWEYL		Signature:	
	Business Name: SELLMAN		Address: 454 LECCY	SMITH
Info	City: 13UDA	State: 70	Zip Code: 7/6/0	
rter	TCEQ Registration No.: 2/565		Vehicle License No.: ** 48X Z	679
Transporter Info	COA Permit No.: 7 3	Gallons Transported: Z	Date Relinqu	uished:
Tra	As the representative for the transporter of this was accordance with Title 30 of the Texas Administrative			at this waste was collected in
	Printed Name: TENAY TUCCOS		Signature: 357	and.
189	Note: This section is for documenting transfers of we to any secondary transporter must be at a Type V fa	vastes between vehicles op acility that is either permitte	poerating under the same TCEQ Registrated by or registered with the TCEQ.	ation Number. The transfer of waste
	Was this waste transferred to the vehicle identity			☐ Yes ☐ NO
SELLMAN ENTERPRISES, INC. INVOICE # 031961	Septic Pumping and Repairs P.O. BOX 1377, BUDA, TX 78610 AUSTIN SOUTH 512-445-5489 NORTH 512-837-1199 FAX 512-295-5534 BILL TO: LOCATION: TIME IN: TIME IN: Septic Pumping and Repairs DATE: LOCATION: LOCATION:	ECK CHARGE ON ACCOUNT P.O. #	PE CONV. RAND ALL ALL ATER LEVEL () YE SOK () YE GOK () YE LURE () YE	TERMS: Due Upon-Receipt X SUB TOTAL TOTAL TOTAL TOTAL \$25.00 RETURN CHECK FEE SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.

	Nar	ne: CONESTAN MIVEN 130	0A71	Address: /0/ 5 /	1ST ST				
	City		State: —	Zip Code: 75704		Phone: 5/2 327 /338			
	Indi	cate the waste type (must check one) and, if	applicable, the intercept			144			
Info		Wastewater Treatment Plant Sludge	☐ Food Service Great	se Interceptor (or Trap)	Capa	city =(gal.)			
		Chemical Toilet	Septic Tank / Sewa	ge Holding Tank	Capa	city =(gal.)			
Generator		Wastewater from Sanitary Sewer System	Grit / Mud / Oil / Lin	nt Interceptor (or Trap)	Capa	city =(gal.)			
Gen		Other - Specify Source and Type of Waste:	4 x 1 x 1						
	Gall	ons Removed: 200		Date Removed: 9 Z	515				
-		he representative for the generator of this waste ity authorized by the Texas Commission on Env			rrect; and tha	at this waste is to be transported to a			
	Prir	ated Name: DT. CORNWER		Signature:					
	Bus	iness Name: Securiary		Address: 454 46	114 50	111711			
Info			State: Tyo	Zip Code: 7% (10)	27	Phone: 9/23/2002			
		EQ Registration No.: 21565	3 -	Vehicle License No.:					
Transporter			Gallons Transported: 2		Date Relinqu				
Tra	As t			ation provided is true and correct; and that this waste was collected in chapter G and the Austin City Code.					
	Printed Name: TERMY TOCCOS Signature:								
		e: This section is for documenting transfers of w				ation Number. The transfer of waste			
to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ. 1. Was this waste transferred to the vehicle identified above from a previous transporter vehicle?									
	1. Was this waste transferred <i>to</i> the vehicle identified above <i>from</i> a previous transporter vehicle? Yes No If YES, indicate the previous Manifest / Trip Ticket No. here:								
Info	2. Is this waste being transferred <i>from</i> the vehicle identified above <i>to</i> a different (new) transporter vehicle?								
ransfer Info		If YES, complete the section below for the vel "Transporter Info" and the original "Generator I							
Trai		New Manifest / Trip Ticket No.:		New Vehicle License No.:					
		Gallons Transferred:		Transfer Date:					
		As the representative for the transporter receiv	ring this transferred was		ation provided	d is true and correct.			
	-	Printed Name:		Signature:					
	Fac	ility Name:	,	Address:					
	City		State:	Zip Code:		Phone:			
Info	Che	ck One: Disposal Site Dermitted Transfer Station	**	TCEQ Type I or Type V P	ermit No.:				
er li		Registered Transfer Station		OR TCEQ Registr	ation No.: _	1			
Receiver	Gall	ons Received:	Date Received:	8	Time Receiv	ed:			
œ		he representative for the facility receiving this want The TCEQ has authorized this facility to accept the The waste was received by this facility on the da The waste has been transferred, recycled or disp	the waste specified under ate and time indicated; and	P	his facility.				
	Prin	ated Name:		Signature:					

	Na	me: LONE	STAN LIVER BO	ATG	Address: 10 (5	15T ST				
	Cit			State:	Zip Code: 77704		Phone:	90460	7 8448	
	Inc	dicate the was	te type (must check one) and	, if applicable, the intercep	otor (or trap) capacity:					
Info	Vocas		Treatment Plant Sludge		ase Interceptor (or Trap)	Capac	city =		(gal.)	
	E	Chemical To	ilet		age Holding Tank					
Generator] Wastewater	from Sanitary Sewer System	Grit / Mud / Oil / Li	nt Interceptor (or Trap)	Capad	city =		(gal.)	
en		Other - Spec	ify Source and Type of Waste:							
0	Ga	allons Removed	: 200		Date Removed: / 2 28 18					
	As fac	the representa	ative for the generator of this wa by the Texas Commission on B	ste, I certify that the information	ation provided is true and co	orrect; and tha	this waste	e is to be trar	nsported to a	
	Pri	inted Name:	DT. COR	MALEN	Signature:	De la	Gr. 7.			
				1000	1	75	,			
	Bu	siness Name :	Seuman	1	Address: 454 Kd					
Info	Cit	y: Bu	04	State: To	Zip Code: 786/6		Phone: 7	12312	2000	
orter	TC	EQ Registration	on No.: 21565	No.	Vehicle License No.: M	BX2679	9			
Transporter	cc	OA Permit No.:	73	Gallons Transported: Z	Date Relinquished:					
Tra	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.							eted in		
	Printed Name: TEARY TULES Signature: 3									
	Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste								sfer of waste	
	to a	any secondary	transporter must be at a Type	/ facility that is either permitt	ted by or registered with th	e TCEQ.	diam'r		- September 1	
	1.		te transferred to the vehicle ide		us transporter vehicle?		E	Yes	□ No	
0		If YES, indica	ate the previous Manifest / Tri	p Ticket No. here:						
프	2.	Is this waste l	being transferred from the vehi	cle identified above to a diffe	erent (new) transporter veh	nicle?	E	Yes	□ No	
ransfer Info			lete the section below for the Info" and <i>the original</i> "Generate					ng the new		
Trai		New Manifes	st / Trip Ticket No.:		New Vehicle License No.	i:				
		Gallons Tran	nsferred:		Transfer Date:					
		As the repres	sentative for the transporter rec	eiving this transferred was	ste, I certify that the inform	ation provided	l is true and	d correct.		
		Printed Nam	ne:		Signature:					
	Fa	cility Name:			Address:					
	Cit			Ctata	7in Codo:		Dhono:			
	Cit			State:	Zip Code:		Phone:			
Info	Ch		Disposal Site		TCEQ Type I or Type V F	Permit No.:				
=		400	Permitted Transfer Station							
Receiver			Registered Transfer Station		OR TCEQ Registr					
Sece		llons Received		Date Received:		Time Receive	ed:			
LE	•	The TCEQ ha The waste wa	ative for the facility receiving this s authorized this facility to acce s received by this facility on the s been transferred, recycled or o	pt the waste specified under date and time indicated; and	d	this facility				
		nted Name:	s been transferred, recycled of t	disposed of as required by the	Signature:	uns facility.				

SELLMAN ENTERPRISES, INC. SEPTIC SERVICES

Septic Pumping and Repairs

INVOICE # 031330

DATE: /2 25/3

P.O. BOX 1377, BUDA, TX 78610

AUSTIN SOUTH 512-445-5489 NORTH 512-837-1199

BUDA 512-312-0002 FAX 512-295-5534



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TIME IN: //O	TIME OUT:	(7)	то	TAL TIME:		
SOLD BY	CASH CHECK	CHARGE	ON ACCOUNT	P.O. #		
	DESCRIPTION	ĺ			AMOU	NT
PUMP SEPTIC TANK				=	225	
EXT PUMPING TIME	HRS @					
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EXT GALLONS	GAL @			-		
SYSTEM TYPE	CONV.	LPD		- 1		
TANK SIZE	GAL @			=		
AEROBIC BRAND				=		
OTHER				-		
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PROPER WATER LEVEL	() YES () NO					
INLET TEE OK	() YES () NO					
OUTLET TEE OK	() YES () NO					
TANK DAMAGE	() YES () NO					
SYSTEM FAILURE	() YES () NO					
COMMENTS Zuo GA	L HOLINAY			SUB TOTAL	225	
	10-71700			TAX	18	97
					243	57
				TOTAL		

Thank You

TERMS: Due Upon Receipt

\$25.00 RETURN CHECK FEE

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.

Manifest / Trip Ticket for Hauled Liquid Waste Address: /8/5/5T 5T CONESTUN NIVER BOAT State: 78754 City: AUSTIN Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: Food Service Grease Interceptor (or Trap) Capacity = (gal.) ☐ Wastewater Treatment Plant Sludge Septic Tank / Sewage Holding Tank Capacity = (gal.) Chemical Toilet Senerator Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = (gal.) ☐ Wastewater from Sanitary Sewer System Other - Specify Source and Type of Waste: Date Removed: 3 2 2 19 Gallons Removed: Z > > As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. TIT. CORNWELL Signature: 7 Printed Name: Address: 454 GELLY SMITH Business Name: SECCAMAN Info Zip Code: 78610 Phone: 5/27/2000 Z Vehicle License No.: 4 BX Z639 Transporter TCEQ Registration No.: 2/56 5 Gallons Transported: Zoo COA Permit No.: Date Relinquished: As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: FERRY TUCCOS Signature: Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ. 1. Was this waste transferred to the vehicle identified above from a previous transporter vehicle? ΠNo If YES, indicate the previous Manifest / Trip Ticket No. here: Transfer Info 2. Is this waste being transferred *from* the vehicle identified above *to* a different (new) transporter vehicle? □ No If YES, complete the section below for the vehicle accepting this waste and initiate a new Manifest / Trip Ticket including the new "Transporter Info" and the original "Generator Info" (duplication of the generator's signature would not be required). New Manifest / Trip Ticket No .: New Vehicle License No .: Gallons Transferred: Transfer Date: As the representative for the transporter receiving this transferred waste, I certify that the information provided is true and correct. **Printed Name:** Signature: Facility Name: Address: Zip Code: Phone: City: State: Check One: ☐ Disposal Site Info TCEQ Type I'or Type V Permit No.: Permitted Transfer Station Receiver OR TCEQ Registration No.: Registered Transfer Station Gallons Received: Date Received: Time Received: As the representative for the facility receiving this waste, I certify that: The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; · The waste was received by this facility on the date and time indicated; and The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility.

Printed Name:

Signature:

Number: 1058190 Address: 101 5 (ST 57 BOAT LONESTUN MUEN Phone: 5/2 327 1388 City: COUNTAUSTIN Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: ☐ Wastewater Treatment Plant Sludge Food Service Grease Interceptor (or Trap) Capacity = Generator Info Septic Tank / Sewage Holding Tank Capacity = _____ ☐ Chemical Toilet ☐ Wastewater from Sanitary Sewer System Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = (gal.) Other - Specify Source and Type of Waste: Date Removed: 5 2/9 Gallons Removed: 200 As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these-wastes CORNINER **Printed Name:** Signature: Business Name: 5 € CCM saw Info State: CO Transporter Vehicle License No.: 4 BX 26 39 TCEQ Registration No.:2 (505 Gallons Transported: 700 COA Permit No.: Date Relinquished: As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: TEMMY TOWES Signature: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste itted by ar registered with the TCEQ SIGNATURE: TERMS: Due COMMENTS SYSTEM FAILURE OUTLET TEE OK PROPER WATER LEVEL TANK DAMAGE INLET TEE OK SERVICE CALL AEROBIC BRAND SYSTEM TYPE **EXT GALLONS** DIGGING TIME EXT PUMPING TIME PUMP SEPTIC TANK SOLD BY TANK SIZE TIME IN P.O. BOX 1377, BUDA, TX 78610 Septic Pumping and Repairs Thereby acknowledge and accept satisfactory work as described above Upon Receipt CONV. CASH () YES () YES () NO () YES () YES TIME OUT:) YES () NO DESCRIPTION GAL @ HRS @ HRS () NO CHECK CHARGE ON ACCOUNT SUB TOTAL INVOICE #UZ998 TOTAL 11 11 H н 11 11 11 AMOUNT



	Name	e: Lo	NE 50	41	RIVER	BOAT	Address:	101515	T ST	>	Tage /
0	City:	4057	12			State: 74	Zip Code:	78704	,	Phone: 5/292	7 1384
Kar.	Indic	ate the w	aste type (m	ust che	eck one) and,	if applicable, the interce	eptor (or trap) capacity:				
Info		Vastewate	er Treatment I	Plant SI	udge	☐ Food Service Gre	ase Intercept	or (or Trap)	Capa	city =	(gal.)
		Chemical 7	Coilet Coilet			Septic Tank / Sew	age Holding	Tank	Capa	city =	(gal.)
Generator		Vastewate	er from Sanita	ıry Sew	er System	Grit / Mud / Oil / L	int Interceptor	r (or Trap)	Сара	city =	(gal.)
en		Other - Sp	ecify Source	and Typ	e of Waste:	-					
0	Gallo	ns Remov	ed: 200	*			Date Remo	oved: 27	719		
						te, I certify that the information				at this waste is to be tr	ansported to a
						CL C		1 / 5/1 7 / 17		arce	
		THE PARTY OF THE P								Harris and the same of the sam	
111	Busin	iess ivame	:35 L	-th	HU	To the second second	+	454 4		1	
Info	City:	BU	04			State: T	Zip Code:	78410		Phone: 5/23/200	Soc
orter	TCEC	Q Registra	tion No.: 🏖	150	5		Vehicle Lic	ense No.: 4	B X 263	5	
Transporter	COA Permit No.: 73					Gallons Transported: 2	200		Date Reling	uished:	
Tra	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.										
4312	Printed Name: TEARY TUCKS Signature: To										
	Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.										
						tified above <i>from</i> a previou				ΠVes	□ No
						Ticket No. here:	ao a anoporto.	volucio:			
nfo						e identified above to a diff	erent (new) tr	ansporter vehi	icle?	□Yes	□No
ransfer Info	If	YES, con	plete the se	ection b	elow for the v	ehicle accepting this was	e and initiate	a new Manif	fest / Trip Tic	ket including the new	
rans			est / Trip Ticl			Info" (duplication of the go	Market Mark to 10	e License No.		su).	
		Sallons Tr	ansferred:				Transfer Da	ate:			
				or the tra	ensporter recei	ving this transferred wa			ation provided	d is true and correct	
		Printed Na				3	Signature:				
	Facili	ty Name:					Address:				
	City:		, - 1			State:	Zip Code:			Phone:	
		k One:	□ Disposal	Sito							
Check One: Disposal Site Permitted Transfer Station							TCEQ Type	e I or Type V F	Permit No.:		
er			Registere				OR	TCEQ Registr	ration No.:		
Receiver	Gallo	ns Receive	ed:			Date Received:			Time Receiv	/ed:	
Ř	• Th	ne TCEQ h ne waste w	nas authorize vas received l	d this fa by this f	cility to accept acility on the d	waste, I certify that: the waste specified under ate and time indicated; an	d		hio fooliit		*
		ed Name:	as been trans	sierred,	recycled or dis	sposed of as required by the	Signature:	ionzation for t	ins racility.		

		Man	Austin Water Utifest / Trip Ticket for Hau			Number: 1058225			
	Na	me: LONESTUN ALUEN &	3047	Address: 101 5 13	TST				
			State:	Zip Code: 77 704		Phone: 5/2327/388			
Info		licate the waste type (must check one) and, if] Wastewater Treatment Plant Sludge			Сара	city =(gal.)			
or 1		Chemical Toilet	Septic Tank / Sewa	vage Holding Tank Capacity = (gal.)					
Generator	E	Wastewater from Sanitary Sewer System	Grit / Mud / Oil / Lir	Lint Interceptor (or Trap) Capacity =(gal.)					
Gen	Е	Other - Specify Source and Type of Waste:		Date Removed: 6 18 19					
	Ga	llons Removed: 200							
		the representative for the generator of this waste ility authorized by the Texas Commission on Environmental Commi		information provided is true and correct; and that this waste is to be transported to y (TCEQ) to receive these wastes.					
		nted Name:		Signature:					
	Bu	siness Name: SECC MAN		Address: 454 486					
Info	City	y: 800H	State:	Zip Code: 78610		Phone \$ 123/20007			
rter	тс	EQ Registration No.: 21525		Vehicle License No.: 4	BX 26;	39			
Transporter	co	A Permit No.: 73	Gallons Transported: 2	Date Relinquished:					
Tra		the representative for the transporter of this was cordance with Title 30 of the Texas Administrative				nat this waste was collected in			
	Pri	nted Name: TERAY TOLCOS		Signature:	2				
		te: This section is for documenting transfers of wany secondary transporter must be at a Type V fa				ation Number. The transfer of waste			
	1.	Was this waste transferred to the vehicle identified	☐ Yes ☐ No						
0		If YES, indicate the previous Manifest / Trip							
r Info	2. Is this waste being transferred <i>from</i> the vehicle identified above <i>to</i> a different (new) transporter vehicle?								
Transfer		If YES, complete the section below for the ve "Transporter Info" and the original "Generator							
Trar		New Manifest / Trip Ticket No.:		New Vehicle License No.	:				
		Gallons Transferred:		Transfer Date:					
		As the representative for the transporter receive	ring this transferred was	te, I certify that the information	ation provided	d is true and correct.			
		Printed Name:		Signature:					
	Fac	cility Name:		Address:					
	City		State:	Zip Code:		Phone:			
Info	Ch	eck One: Disposal Site Permitted Transfer Station		TCEQ Type I or Type V F	Permit No.: _				
er Ir		Registered Transfer Station		OR TCEQ Registr	ation No.: _				
Receiver	Gal	lons Received:	Date Received:		Time Receiv	ed:			
Ä		the representative for the facility receiving this ware. The TCEQ has authorized this facility to accept to the waste was received by this facility on the day. The waste has been transferred, recycled or displacement.	the waste specified under ate and time indicated; and		his facility.				
	Pri	nted Name:		Signature:					

	Ma	Austin Water U	tility		Number: 1062979			
	Name: CONESTAN RIVERBOAT	-	Address: (6/ 5 / 57	. 5T.				
	City: AUSTIN		Zip Code: 78704		Phone: 612327 1388			
	Indicate the waste type (must check one) and,							
Info	☐ Wastewater Treatment Plant Sludge		pase Interceptor (or Trap)					
	☐ Chemical Toilet							
Generator	☐ Wastewater from Sanitary Sewer System	Grit / Mud / Oil / Lii	nt Interceptor (or Trap)Capacity =(gal.)					
Ge	Other - Specify Source and Type of Waste: Gallons Removed: 2		Date Removed: 7 5 78					
	As the representative for the generator of this was	at this waste is to be transported to a						
	facility authorized by the Texas Commission on E							
	Printed Name: DU CORNWI		Signature:					
	Business Name: SECCILIAN		Address: 454 UES	cy so	4174			
Info	City: BUDA	State: TX	Zip Code: 73704		Phone: 5/23/20007			
Transporter	TCEQ Registration No.: 2 1565		Vehicle License No.: K	BX 2639	7			
nspo	COA Permit No.: 7 3	Gallons Transported: 2	.00	Date Relinq	uished:			
Tra	As the representative for the transporter of this was accordance with Title 30 of the Texas Administration				nat this waste was collected in			
	Printed Name: TEARY TOUS	Signature: 2		•				
	Note: This section is for documenting transfers of to any secondary transporter must be at a Type V				ation Number. The transfer of waste			
	Was this waste transferred to the vehicle iden	Yes No						
	If YES, indicate the previous Manifest / Trip Ticket No. here:							
fer Info	2. Is this waste being transferred from the vehic	e identified above to a diffe	erent (new) transporter veh	icle?	Yes No			
sfer	If YES, complete the section below for the v "Transporter Info" and the original "Generato				44			
Transi	New Manifest / Trip Ticket No.:		New Vehicle License No.	:				
	Gallons Transferred:		Transfer Date:					
	As the representative for the transporter rece	iving this transferred was	ste, I certify that the information	ation provided	d is true and correct.			
	Printed Name:		Signature:					
	Facility Name:		Address:					
	City:	State:	Zip Code:		Phone:			
fo	Check One: Disposal Site		TCEQ Type I or Type V F	Permit No.:				
ar In	☐ Permitted Transfer Station ☐ Registered Transfer Station		OR TCEQ Registr					
Receiver Info	Gallons Received:	Date Received:	Time Received:					
N.	As the representative for the facility receiving this The TCEQ has authorized this facility to accept		"Generator Info" above:		1			
	The waste was received by this facility to accept the waste was received by this facility on the control of the waste has been transferred, recycled or discountry.	date and time indicated; and	1	his facility.				
1	Printed Name:	1	Signature:					

	-3.	Mani	fest / Trip Ticket for Hau	led Liquid Waste	Number: 400000									
		Name: LONESTAR RIVER B	SAT	Address: /0/ 515 5	T									
		City: HUSTIN		Zip Code: 78764	Phone: 5/2327/388									
- 1		Indicate the waste type (must check one) and, if	736											
	0	☐ Wastewater Treatment Plant Sludge	☐ Food Service Greas	se Interceptor (or Trap) Capac	city =(gal.)									
	Generator Info	☐ Chemical Toilet	☐ Food Service Grease Interceptor (or Trap) Capacity =(gal.) ☐ Septic Tank / Sewage Holding Tank Capacity =(gal.)											
	rato	☐ Wastewater from Sanitary Sewer System	Grit / Mud / Oil / Lin	t Interceptor (or Trap)Capac	city =(gal.)									
	ene	☐ Other - Specify Source and Type of Waste:												
	0	Gallons Removed: 200		Date Removed: 8719										
		As the representative for the generator of this waste facility authorized by the Texas Commission on Envi			at this waste is to be transported to a									
		Printed Name: TJ. Copywell		Signature:										
	41.4	Business Name: JECLMAN		Address: Usy 4 = 12 y 50	WITH									
	Info		State: To	Zip Code: 786/0	Phone: 5/23/20002									
		TCEQ Registration No.: 21565		Vehicle License No.: WBX1639										
	Transporter		Gallons Transported: Z	Date Relinqu	uished:									
	Trai	As the representative for the transporter of this wast accordance with Title 30 of the Texas Administrative		nation provided is true and correct; and that this waste was collected in										
		Printed Name: TEARY Tole	S	Signature:										
ı				operating under the same TCEQ Registration Number. The transfer of waste										
-		to any secondary transporter must be at a Type V fa	cility that is either permitte	d by or registered with the TCEQ.	audit Number. The transfer of waste									
# 031717	0100		AMOUNT AMOUNT		TOTAL 243 57 TOTAL 243 57 Thank you CHECK FEE									
INC. INVOICE #			CHARGE ON ACCOUNT P.C. #		TERMS: Due Upon Receipt X Signature: I hereby asknowledge and accept satisfactory work as described above.									
SEI MAN ENTERPRISES, INC.	ES	£ 4 0 1	DESCRIPTION HRS @ HRS @ GAL @		copt satis									
RIS	NIC.	g and Rep A, TX 78610 BUDA 512-312-0002 AX 512-295-553 AX 512-295-553	DESC DESC		and ac									
FR	SEPTIC SERVICES	Septic Pumping and Repair P.O. BOX 1377, BUDA, TX 78610 AUSTIN BUDA 512-445-5489 FOX 1372-0002 FOX	CASH	CONV.	TERMS: Due Upon Receipt X SIGNATURE: I heraby acknowledge									
E	CS	BUD			n Re									
川フ	Ho	Septic Pur AUSTIN SOUTH 512-445-5489 NORTH 512-837-1199 BILL TO:	PUMP SEPTIC TANK EXT PUMPING TIME DIGGING TIME EXT GALLONS	SYSTEM TYPE TANK SIZE AEROBIC BRAND OTHER SERVICE CALL PROPER WATER LEVEL INLET TEE OK OUTLET TEE OK TANK DAMAGE SYSTEM FAILURE	• Upc									
IA	SE	Septic Pt BOX 1377 AUSTIN H 512-445-54 H 512-837-119 TO:	APING APING LONS	IC BR. IC BR. IC BR. WAT EE OF TEE OF	: Due									
		Septic P.O. BOX 1 AUSTIN SOUTH 512-44 NORTH 512-83 BILL TO:	SOLD BY PUMP SEPTIC EXT PUMPING DIGGING TIME EXT GALLONS	SYSTEM TYPE TANK SIZE AEROBIC BRAND OTHER SERVICE CALL PROPER WATER L INLET TEE OK OUTLET TEE OK TANK DAMAGE SYSTEM FAILURE	ERMS: Du									
CO	1	P.C SOUNDER NORTHINI	SOL ELECTION	S T O S E E O F S	5									

		Mani	led Liquid Waste	Number: 1903070							
		Name: LONE STAA MUEA.	ROAT	Address: (615 157	r ST						
		City: AUSTIEN	State:	Zip Code: 78769	Phone: 5/2 327/388						
		Indicate the waste type (must check one) and, if	applicable, the intercept	or (or trap) capacity:							
1 3	Into	☐ Wastewater Treatment Plant Sludge	☐ Food Service Greas	se Interceptor (or Trap)	Capacity =(gal.)						
	o.	☐ Chemical Toilet	Septic Tank / Sewa	ge Holding Tank	Capacity =(gal.)						
	Generator	☐ Wastewater from Sanitary Sewer System	Grit / Mud / Oil / Lin	t Interceptor (or Trap)	(gal.)						
1	Ger	☐ Other - Specify Source and Type of Waste:									
		Gallons Removed: 200		Date Removed: 9 / 8	19						
		As the representative for the generator of this waste, facility authorized by the Texas Commission on Envi	, I certify that the informati	on provided is true and corre	7						
		Printed Name: DJ GRNW	2.0	Signature:							
H					11.6011						
1		Business Name: SECCMUAN		Address: 45/462							
100		000.(State: To	Zip Code: 786	10 Phone: 3123/2 000 Z						
1	Ter	TCEQ Registration No.: 21565		Vehicle License No.: U	1 X ZC38						
1	odsu	COA Permit No.:	Gallons Transported: Z	.00 D	ate Relinquished:						
TCEQ Registration No.: 21565 Vehicle License No.: 48 X ZC38 COA Permit No.: Date Relinquished: As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.											
		Printed Name: Tellay Tucco	C	Signature:	7 0000.						
		Note: This section is for documenting transfers of wa			Q Registration Number. The transfer of waste						
H		to any secondary transporter must be at a Type V fac									
L		1. Was this waste transferred to the vehicle identification	add		(0)						
<u>دا ی</u>	×			SOU TIN	BIL NOP P.C						
GNA		SERVICE CALL PROPER WATER LEVEL INLET TEE OK OUTLET TEE OK TANK DAMAGE SYSTEM FAILURE COMMENTS COMMENTS	DIGGING TIME EXT GALLONS EXT GALLONS SYSTEM TYPE TANK SIZE AEROBIC BRAND OTHER	TIME IN: SOLD BY	SEPTIC SEPTIC SEPTIC SEPTIC Pum P.O. BOX 1377, F. AUSTIN SOUTH 512-445-5489 NORTH 512-837-1199 BILL TO:						
SIGNATURE:		TEE O DAMMENTS: D	M TY SIZE SIZE	PLSS	Septic Septic BOX 1 AUSTIN H 512-445 FH 512-83 FTO:						
		ALL ATER LE OK EE OK AGE AILURE S	RANI PE	CTA	PTI PTI 1377, 1377, 1-1198						
reby a		ITER LEVEL () OK () E OK () ILURE ()		NK S	TIC SERVICES Pumping and Repairs 7, BUDA, TX 78610 BUDA 512-312-002 FAX 512-395-5534 PEARL SERVICES						
ackno	-	n Re			BUDA, TX 78 BUDA, TX 78 BUDA, 512-312- FAX 512-28						
wledg	3	Ceip	CONV.	TIME	TIC SERVICES Pumping and Repairs 277, BUDA, TX 78610 BUDA 512-312-002 FAX 512-295-5534 LO 208 5723 LO 208 5						
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s des				TOTA NT P.O	DATE: ON:						
cribe		BBS		NT P.O.#	TE: OIC						
I hereby acknowledge and accept satisfactory work as described above.		SUB TOTAL TAX TOTAL \$25		ıı ıı m	#						
/e.	1	TAL 225 TAX 8 TAL 243 TAL 243 TAL 243 TAL 243		-N							
		hank CHECK F		NOWY							
				19	4 00						

	Name: LONESTAN	NIVEN BOAT	Address: [6] 5 157 5	i To										
	City: Austra	State:	Zip Code: 78709	Phone: 5/2 327 13 85										
	Indicate the waste type (must check one) ar	d, if applicable, the intercep	tor (or trap) capacity:											
Info	☐ Wastewater Treatment Plant Sludge	☐ Food Service Grea	se Interceptor (or Trap)	Capacity =(gal.)										
	☐ Chemical Toilet	Septic Tank / Sewa	ge Holding Tank	Capacity =(gal.)										
rate	☐ Wastewater from Sanitary Sewer System	Grit / Mud / Oil / Lin	t Interceptor (or Trap)	Capacity =(gal.)										
Senerator	☐ Other - Specify Source and Type of Waste	:												
0	Gallons Removed: 200		Date Removed: 10 21 19											
	As the representative for the generator of this via	vaste, I certify that the informa	ation provided is true and correct; and that this waste is to be transported to a											
	Printed Name:		Signature:											
	Business Name: SE (can An)		Address: 454 KELLY	Sauth										
Info	City: BUDA	State:	Zip Code: 78610 Phone: 572 312 0002											
	TCEQ Registration No.: 21515		Vehicle License No.: 43KZC35											
Transporter	COA Permit No.:	Gallons Transported:	ns Transported: Z55 Date Relinquished:											
Trai	As the representative for the transporter of this accordance with Title 30 of the Texas Administ	tion provided is true and correct; and that this waste was collected in												
	Printed Name: TEARY Tock		Signature:											
	Note: This section is for documenting transfers	of wastes between vehicles o	perating under the same TCEQ Re	egistration Number. The transfer of waste										
	Is any secondary transporter must be at a Tune	V facility that is either nermitt	ad hv or reaistered with the TCEQ											
	SIGIX THE LOCK STREET	HO Z Z WO D H W		W Z 00 _										
٥	SYSTEM FAILURE COMMENTS COMMEN	TANK SIZE AEROBIC BRAND OTHER SERVICE CALL PROPER WATER I INLET TEE OK OUTLET TEE OK	SOLD BY SOLD BY PUMP SEPTIC EXT PUMPING DIGGING TIME EXT GALLONS	Septic Pt P.O. BOX 1377 AUSTIN SOUTH 512-445-548 NORTH 512-837-119 BILL TO:										
r In	ENTS ENTS	SIZE BIC E BIC E CE C	SEPTIC UMPING NG TIME	Septic BOX 1: AUSTIN H 512-445 H 512-837 TO: (1+4)										
ransfer	NLUF S S I here	RANI BRANI BE OK	TIC TIC TIME	Septic P BOX 137 AUSTIN 1512-445-54 1512-837-11										
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	n Receipt	VEL		mping and Repairs 7, BUDA, TX 78610 BUDA 9 512-312-0002 9 FAX 512-295-5534 R PEAK & CE										
	Ceip	COS		mping and Rep BUDA, TX 78610 BUDA, 512-312-0002 FAX 512-295-553										
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	and accept sa	ES ES O	ASH CHI DESCRI HRS HRS	nd Repc X 78610 BUDA 312-0002 12-295-5534										
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	() YES () NO SUB TOTAL TAX TOTAL TOTAL \$25 CI acknowledge and accept satisfactory work as described above.	11 11 11 11 11	II											
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City of Austin / Travis County

		\	Man	Austin Water Ut ifest / Trip Ticket for Hau		Number: 1087173									
		Name: LONG 53	TAN Alven	BOAT	Address: 208BANTON	sphitnes no									
					Zip Code: 78704	Phone: 512 327 / 48 Y									
	Info	☐ Wastewater Treatme	ent Plant Sludge		se Interceptor (or Trap)Capa										
	ior	☐ Chemical Toilet		Septic Tank / Sewa	ge Holding TankCapa	city =(gal.)									
	Generator	☐ Wastewater from Sar	nitary Sewer System	Grit / Mud / Oil / Lin	Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity =(gal										
-	Gen	Other - Specify Source	ce and Type of Waste:	-											
1		Gallons Removed: Zo	20		Date Removed: /2 1/ / 9										
1		As the representative for	the generator of this waste	e, I certify that the informat	ation provided is true and correct; and that this waste is to be transported to a Q) to receive these wastes.										
1			_		Signature:										
t					The Property of the Parks										
1	0	State: Condition Conditio		Address: 45 4 4 201 5 Zip Code: 78610	MITH										
1	Infe	City: BUNA	L	State:	Zip Code: 786/6	Phone 5/23/2000 Z									
	rter	TCEQ Registration No.:	21565		Vehicle License No.: 203 X 203	8									
	Transporter Info	COA Permit No.:	3	Gallons Transported: 2											
	Tran				nation provided is true and correct; and that this waste was collected in										
-			1		Signature:	ation Number. The transfer of wests									
-						ation Number. The translet of waste									
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Z	SEPTIC SERVICES	otic Pump OX 1377, B STIN 2-445-5489 2-837-1199	3206	TIM	AND AND OK	Upo									
T S	SE	OX OX 12-44 12-83	TO:	TIME	ZE ZE C BR. C BR. TEE OK TEE OK TREE	Due									
LLWAN EN ERPRISES. NO.	2	Septic Pum .o. Box 1377, I AUSTIN OUTH 512-445-5489 ORTH 512-837-1199	ILL TO:	OLD BY PUMP SEPTIC TANK EXT PUMPING TIME DIGGING TIME EXT GALLONS	SYSTEM TYPE TANK SIZE AEROBIC BRAND OTHER SERVICE CALL PROPER WATER LEVEL INLET TEE OK OUTLET TEE OK TANK DAMAGE SYSTEM FAILURE	SUB TOTAL TAX TOTAL ERMS: Due Upon Receipt \$12									
	¥). OG	H C C E	PU P	SY:	SNA ER									

Manifest / Trip Ticket for Hauled Liquid Waste Address: / 0 / 5. / 5T CONE STAN NIVER BOAT Phone: 904667 8448 AUSTIN Zip Code: 7 8 704 City: Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: Generator Info ☐ Wastewater Treatment Plant Sludge ☐ Food Service Grease Interceptor (or Trap) Capacity = ☐ Chemical Toilet Septic Tank / Sewage Holding Tank Capacity = _____ ☐ Wastewater from Sanitary Sewer System Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = Other - Specify Source and Type of Waste: Date Removed: 2 7 Z O Gallons Removed: As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes ORNUNCIL Signature: **Printed Name:** Business Name: SELL MAN Address: YELLY SMITH Transporter Info Phone: 5/2 3/2 0007 Zip Code: City: TCEQ Registration No.: 21565 Vehicle License No.: 43x2675 COA Permit No .: Gallons Transported: Date Relinquished: 7770 As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. TENAL TUCCUS Signature: AUSTIN SOUTH 512-445-5489 NORTH 512-837-1199 P.O. BOX 1377, BUDA, TX 78610 X

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above. PUMP SEPTIC TANK SYSTEM TYPE DIGGING TIME **EXT PUMPING TIME** TERMS: SERVICE CALL OTHER TANK SIZE **EXT GALLONS** PROPER WATER LEVEL SYSTEM FAILURE OUTLET TEE OK INLET TEE OK AEROBIC BRAND COMMENTS TANK DAMAGE Septic Pumping and Repairs MAN ENTERPRISES SEPTIC Due Upon Receip SERVICES BUDA 512-312-0002 FAX 512-295-5534 CONV. CASH () YES () YES () YES () YES YES DESCRIPTION OUT: GAL @ HRS HRS @ CHECK () NO () NO CHARGE LOCATION ON ACCOUNT **INVOICE** # DATE: SUB TOTAL 11 TAX 11 11 11 11 11 \$25.00 RETURN

AMOUNT

City of Austin / Travis County **Austin Water Utility** Manifest / Trip Ticket for Hauled Liquid Waste Name: Address: ENESTAN NIVER BOAT City: Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: Info ■ Wastewater Treatment Plant Sludge Food Service Grease Interceptor (or Trap) Capacity = (gal.) Septic Tank / Sewage Holding Tank Capacity = ☐ Chemical Toilet Generator ☐ Wastewater from Sanitary Sewer System Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = Other - Specify Source and Type of Waste: Gallons Removed: Date Removed: 2 25 20 As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. Signature: Address: Business Name: Info Phone: 5/23/20007 Zip Code: Vehicle License No.: 4/3 X 243 9 Transporter TCEQ Registration No.: 21565 COA Permit No .: Gallons Transported: Z Date Relinquished: As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: TERAY Signature: Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility SIGNATURE: I hereby acknowledge and accept satisfactory work as described above m NORTH 512-837-1199 TERMS **EXT PUMPING TIME** PUMP SEPTIC TANK OTHER SYSTEM TYPE EXT GALLONS DIGGING TIME PROPER WATER SERVICE CALL TANK SIZE SYSTEM FAILURE OUTLET TEE OK INLET TEE OK AEROBIC BRAND COMMENTS TANK DAMAGE Septic Pumping and Repairs MAN ENTERPRISES, INC SEPTIC SERVICES Due Upon Receip E E CONA. TIME OUT: () YES () YES () YES XES YES DESCRIPTION GAL @ HRS @ HRS CHECK ONO () NO () NO CHARGE LOCATION ON ACCOUNT TOTAL TIME INVOICE # SUB TOTAL

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\$25.00 RETURN

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	Ma Ma	inifest / Trip Ticket for Ha	auled Liquid Waste	Number: 1111961
	Name: LONESTAN AIVER	BOAT .	Address: 10/5/57 5	
4	City: A-USTIN	State: TX	Zip Code: 7,870 1	Phone: 412 327 1388
9.00	Indicate the waste type (must check one) and,	if applicable, the interce	ptor (or trap) capacity:	7,
Info	☐ Wastewater Treatment Plant Sludge	☐ Food Service Gre	ase Interceptor (or Trap)Ca	pacity =(gal.)
	Chemical Toilet	Septic Tank / Sew	vage Holding TankCa	pacity =(gal.)
Generator	☐ Wastewater from Sanitary Sewer System	Grit / Mud / Oil / L	int Interceptor (or Trap)Ca	pacity =(gal.)
Gen	☐ Other - Specify Source and Type of Waste:			a market
	Gallons Removed: 200 AFT	ybeach	Date Removed: 6 /2 2	
5,000	As the representative for the generator of this was	te, I certify that the informa	ation provided is true and correct: and	
8	TA FOR	MINORITIEST QUALITY (ICE	(1) to receive those wastes.	1
		uer	Signature: Will	Co & L
2	Business Name: 5ECMAN		Address: 454 KECCY	SMITH
Info	City: BUDA	State:	Zip Code: 706/8	Phone: 5/23/20002
rter	TCEQ Registration No.: 215-5		Vehicle License No.: 48 X 2	
Transporter	COA Permit No.: 73	Gallons Transported:	200 Date Reli	nquished: /
Trai	As the representative for the transporter of this was	ste, I certify that the inform	ation provided is true and correct; and	that this waste was collected in
St.	accordance with the 30 of the Texas Administrativ	/e Code, Chapter 312, Sub こしの?	ochapter G and the Austin City Code.	S II II
			Signature:	
Esperante de la companya de la comp	Note: This section is for documenting transfers of y to any secondary transporter must be at a Type V (rastes between venicles of facility that is either permit	ed progressives and TCEO Bedi	itration Number. The transfer of waste
MAN ENTERPRISES, INC. INVOICE# 32/23		CHARGE ON ACCOUNT P.O. # = AMOUNT = = AMOUNT = = = AMOUNT		COMMENTS SUBTOTAL 23 SUBTOTAL 23 SUBTOTAL 23 SUBTOTAL 23 SUBTOTAL 24 SUBTOTAL
2	Septic Pumping and Repairs Septic Pumping and Repairs BOX 1377, BUDA, TX 78610 AUSTIN BUDA 1512-445-5489 FAX 512-295-5538 H 512-837-1199 FAX 512-295-5538 L 70:			a di

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City of Austin / Travis County **Austin Water Utility** Number: Manifest / Trip Ticket for Hauled Liquid Waste Name: City: State Zip Code: Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: Generator Info □ Wastewater Treatment Plant Sludge Food Service Grease Interceptor (or Trap)____Capacity = Capacity Chemical Toilet Septic Tank / Sewage Holding Tank ☐ Wastewater from Sanitary Sewer System Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = Other - Specify Source and Type of Waste: Gallons Removed: Date Removed: As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes **Printed Name:** Signature: Business Name: Address City: State: Zip Code: Transporter Vehicle License No.: TCEQ Registration No.: Gallons Transported: 202 Date Relinquished: COA Permit No.: As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Signature: **Printed Name:** for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste 680 AMOUNT \$25.00 RETURN N 3 INVOICE # TOTAL TAX H 11 SUB TOTAL 11 11 11 TOTAL TIME P.O. OCATION ON ACCOUNT

CHARGE

CHECK

CASH

TIME OUT

TIME IN SOLD BY DESCRIPTION

PUMP SEPTIC TANK EXT PUMPING TIME LPD

CONV.

GAL

AEROBIC BRAND

TANK SIZE

() YES () NO () YES () NO

() YES

PROPER WATER LEVEL

SERVICE CALI

ON ()

SYSTEM FAILURE

COMMENTS

OUTLET TEE OK

INLET TEE OK

TANK DAMAGE

() YES () YES

HRS @

DIGGING TIME **EXT GALLONS** SYSTEM TYPE

GAL

0

HRS

SELLMAN ENTERPRISES, INC. SEPTIC SERVICES

Septic Pumping and Repairs

BUDA 512-312-0002 FAX 512-295-5534

SOUTH 512-445-5489 NORTH 512-837-1199

BILL TO:

000

P.O. BOX 1377, BUDA, TX 78610

TERMS: Due Upon Receipt

4	4	0	0	0	9	100
Number:	1	1	3	3	3	É

						Manife	est /	Trip	Ticke	t for	Hau	iled L	iqui	d Wa	stes						Num	ber:	179
Genera	ator Name: (مر)	NEGTE	49	1	LUE	11/1	OB	T		Ad	dres	s: / 6	1	5,	19-		ST	,					
City	AUCTIN				St	ate:	T	6		Zip	Coc	le:	18	10	4			P	hone	51	23	327	1358
Indicate the waste type (check one) and, if applicable, the tank, intercept										or or	trap	capa	city:		Foo	d ser	vice	grea	ase in	terce	ptor o	r trap v	waste
	Chemical toilet /	portable to	ilet wa	ste		Wastev	vate	r from	a mo	bile	food	vend	or	-								trap wa	
	Wastewater trea	tment plant	t sludge	е		Waste	wate	er fron	n san	itary	sew	er sys	tem		LSep	tic ta	nk/	sewa	age h	olding	g tank	waste	
	Other - specify s	ource and f	type of	waste	:									Ta	ank, i	nterc	epto	rort	rap c	apaci	ty:		(gallor
free wa	is section applies quency requirem stewater service Was this waste	ents. All foo from Austir removed fro	od serv n Wate om a g	rice gre r must	ease in compl	tercept y. If nea	ors ded	or trap	s loc tactiA	ated ustin	withi Wa	n the ter to	City obta	of A	ustin e red	(CO/ ueste	A) or ed Co	loca OA F	ited a Polluti	t any on Co	prope	erty tha	t receives
h)	If NO, skip b) the						Г] unk	OWD	If I	חוו ר	knowi	n Dr	wide	devi	ice's	GPS	coc	ordina	tee (ii	n deci	imal de	egrees) be
								1 dino		-		e: 30.	i, pi	JVIG	dev	1003	Oi C					iiiai uc	grees) be
c)	Percent solids/g				-2 []	Voc		T Nic		+			ntor	prob	lom	or do	in of a			ude: -		oribo I	alow
d) Is interceptor in good operating condition?] No		11 8	niy il	nerce	hroi.	hioc	nei (I	or de	CUL (JUSE	ıveu,	hieas	oc ues	scribe I	Delow
e)	e) Is submission of pump-out report required 2- Yes No f) Pump-out reporting done by: Generator Hauler N/A Name or initials of person reporting:																						
		ng done by	/: ∐ G	enerate	or \square	Hauler	L	J N/A		1				per									
	s Removed:	200								1		emov		1		14							
City:	r Business Name	76	در	-	s	tate:		90		Zip	dres	-7	75 (78 (1/ No.:,	49	£0	-7		Phone	:31	7	3/2	0007
DATE: (6 / 7 2		TION:		5 78763	TOTAL TIME:	NUT P.O. #	AMOUNT	11	41 31	11	11	11 11	n	11				,	SUB TOTAL	IAX	TOTAL	Thank You	\$25.00 RETURN CHECK FEE
Septic Pumping and Repairs	P.O. BOX 1377, BUDA, TX 78610 AUSTIN BUDA SOUTH 512-445-5489 512-312-0002	Y	1 (384)	3 (38)	7.3 TIME OUT:	CASH CHECK CHARGE ON ACCOUNT	DESCRIPTION		DIGGING TIME HRS @		SYSTEM TYPE CONV.□ LPD□	TANK SIZE GAL @ AEROBIC BRAND			PROPER WATER LEVEL () YES () NO	OUTLET TEE OK () YES () NO	TANK DAMAGE () YES () NO	SYSTEM FAILURE () YES () NO	2006An Macellan				TERMS: Due Upon Receipt